

WEST SUFFOLK COUNTY COUNCIL.



ANNUAL REPORT
OF THE
Medical Officer of Health
FOR THE
YEAR 1932.

J. F. DAVIDSON, M.B., Ch.B., D.P.H.,
County Medical Officer.

56, Westgate Street,

Bury St. Edmund's.

TO THE CHAIRMAN AND MEMBERS OF THE COUNTY PUBLIC HEALTH COMMITTEE.

I have pleasure in presenting the Annual Report on the Health of the County for 1932.

In this Report it will be noted that every opportunity has been taken to consolidate the various recommendations sanctioned by the County Council through this Committee during the previous year. In view of the financial stress of the times I have refrained from advising any procedures entailing increased expenditure, and I have confined myself to the careful and full utilisation of the resources of the existing services and arrangements. It is within your knowledge that proof of this endeavour is to be found in the reduced estimates required for this Department during the current year.

It is my privilege to record my appreciation of the work of all members of the County Public Health staff ; individually and collectively they have given of their best, and the work that has been accomplished during the year is very largely the result of their efficient and loyal service.

Finally, I would like to say how much I appreciate the generous and kindly assistance which I have at all times received from my Chairman, his deputy, and the members of the County Public Health Committee.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. F. DAVIDSON,

County Medical Officer of Health.

June, 1933.

Staff of the County Health Department.

(a) Medical and Dental Staff.

J. F. Davidson, M.B., Ch.B., D.P.H., County Medical Officer, and School Medical Officer and Chief Tuberculosis Officer.

A. M. Critchley, M.D., D.P.H., Grace M. G. Griffith, M.B., B.S., Resigned 31-8-32.	}	Assistant County Medical Officers.
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E. J. O'Keeffe, B.A., M.R.C.S.,
L.R.C.P., D.P.H. (appointed
1-9-32).

A. M. Munro, L.D.S., Assistant Dental Surgeon.

J. S. P. Ballantyne., L.D.S., ,, ,, ,,
(appointed 1-9-32).

(b) General Nursing Staff.

G. M. Penly Cooper, S.R.N., Certified Midwife, Chief Health Visitor.

*L. Richardson, ,, ,, ,, Health Visitor.

B. W. Collins ,, ,, ,, ,,

*C. B. Coleman, ,, ,, ,, ,,

N. Hawkins, Dental Attendant.

M. Philpot, ,, ,, (appointed 1-9-32).

P. Tucker, S.R.N., Matron, County Sanatorium.

*These Officers hold the Health Visitors' Certificate.

(c) Clerical Staff.

The Chief Clerk to the Department, Miss D. Kilner, is assisted by six assistant clerks.

Statistics and Social Conditions of County.

Area in Acres	...	...	...	...	...	...	371,300
Population (Estimated, 1932)				Urban	...	...	41,500
				Rural	...	...	63,840
				Administrative County	...	...	105,340
Rateable Value	...	...	...	...	...	...	£389,577
Estimated Product of a Penny Rate	...	...	...	...	...	...	£1,468 15 4

Social Conditions of County and General Comments.

It is regrettable that once again I have to report on a year in which the greatest stress has been experienced among all classes of the County population.

The depression throughout the various agricultural sections of the County's industries has reflected itself individually and collectively, and the unparalleled stress of the past years can scarcely fail to influence the standard of public health. It is sometimes said that the position of the agricultural worker is to-day unquestionably better than in the past, and, in some respects, there may be considerable merit in this assertion. Nevertheless, it is true to say that in countless families in this County there must be the greatest difficulty in making ends meet, and, to the impartial observer, it is very evident that the margin of safety, if margin there be, must be an extremely limited one.

In times like these, and I am afraid for a long time in the future, the domestic safety and prosperity of the cottage homes must depend upon the wisdom and resourcefulness of the women who run them. It is frankly amazing to find what can be done by the best type of cottage woman in maintaining the home and in rearing children on a weekly income, the proper distribution of which calls for finance of the highest order; on the other hand, the muddlers, the uninitiated, the untrained and the slothful under exactly the same conditions find circumstances too much for them, and disaster follows in due course. The vital importance to the community of this latter rather prevalent class lies in the fact that the children suffer, and wherever the health and future of children are imperilled there must inevitably be a lowering of the future standard of public health.

This contention is supported by the definite fact that in West Suffolk to-day there is a considerable incidence of malnutrition among the elementary school-children. As I have previously pointed out there is no evidence to ascribe the cause of this malnutrition to the present era of local depression; such depression must inevitably increase malnutrition, but I feel very definitely that the essential cause can be traced to the second group of mothers, who for one reason or another find circumstances too much for them and fail in their efforts to rear their children in an adequate and satisfactory manner.

In approaching the question of remedy, I would make it clear that in my opinion the essential line of action is to be found, not in free meals and similar methods, but in the more adequate and in the more commonsense domestic training of the wives and mothers of to-morrow. The responsibility of the home must never be shouldered by the Local Authority, but it is essentially the duty of the Local Authority to give the instruction and the training which will permit that responsibility being shouldered by the parents in the proper way. To this end I have advised that all senior school girls should be given a comprehensive and serious training in cookery and in domestic matters on a level and to a level at which they

themselves will be required to live in their own cottage homes. Too great emphasis cannot be placed on this proposal; it is the safeguard of the future, and the sooner it is recognised in educational circles both centrally and locally the better will it be for the future of this County.

I would remind you that adequate nutrition is the foundation stone for all life's activities; it is the foundation stone to which all other Public Health activities are but the superstructure. If this County Council in their wisdom appreciate this opinion, untold good will come from it, and I trust that no obstacle will be allowed to stand in the way of a recommendation which, after all, is neither dramatic nor sensational, but which, on the contrary, is simply one of commonsense.

Finally, in the interests of the people of this County, I ask that the fullest consideration may be given to this matter; without doubt I feel that it is the greatest public health issue requiring settlement in West Suffolk to-day.

Extract from Vital Statistics of the Year.

(A) Births.

Live Births—	Total.	Males.	Females.
Legitimate	1329	638	691
Illegitimate	76	46	30
Total Births	1405	684	721
Birth Rate per 1,000 of the estimated resident population,	13.3		
Still Births	Total. 54	Males. 27	Females. 27
Rate per 1,000 total births,	37.0		

(B) Deaths.

Deaths	Total.	Males.	Females.
Deaths	1393	695	698
Death Rate per 1,000 of the estimated resident population,	13.2		
Deaths from diseases and accidents of pregnancy and childbirth—			
(a) from sepsis ... ..	...	...	1
(b) from other causes ... ..	...	...	—
Maternal Mortality Rate per 1,000 total births ... ..	...	...	.69
Death Rate of Infants under 1 year of age:—			
All Infants per 1,000 live births ... ..	...	...	52.6
Legitimate per 1,000 legitimate live births ... ..	...	...	49.6
Illegitimate per 1,000 illegitimate live births ... ..	...	...	105.2
Deaths from Measles (all ages) ... ..	...	...	1
Deaths from Whooping Cough (all ages) ... ..	...	...	4
Deaths from Diarrhoea (under 2 years of age)... ..	...	...	3

Comments on Main Vital Statistics.

Birth Rate.

In 1932 there was a slight fall in the County Birth Rate (13.3) as compared with the previous year. The total births declined by 39, and the actual rate declined by .4. The Birth Rate figure, however, shows very little fluctuation during the last few years, which since 1930 have returned rates of 13.9, 13.7, and 13.3; on the other hand, when comparison is made with the figures returned ten years ago a very considerable fall is evident. It would appear, however, that the rate is to some extent stabilising itself for the present round about the figures for the past three years. Some interesting facts are to be found in the individual rates for the boroughs, urban districts, and rural districts. The average rate for the boroughs and urban districts is 12.1; in this section Hadleigh returns the highest rate of 18.8, while the lowest rate of 7.8 is found in Glemsford. Over the rural districts the average birth rate is considerably higher than that of the boroughs and urban districts, the figure being 14.1. The highest birth rate under this heading is returned by Brandon with 18.1, and the lowest rate is found in Moulton with 9.8.

It is of interest to find that the County Birth Rate and Death Rate again closely approximate to each other, and show the identical difference present in the previous year, viz., the Birth Rate exceeds the Death Rate by .1.

Death Rate.

The County Death Rate of 13.2 exceeds that for England and Wales by 1.2, and approximates very closely to that returned in 1931, which was 13.6. The total number of deaths in the Administrative County was 1393, which shows a decrease of 37 on the figure for the previous year. The Death Rate continues to remain high in comparison with the average figures for the past years.

A summary of the chief causes of death in the County during the year is as follows:— (1) Heart Disease 345, (2) Cancer 191, (3) Cerebral Hæmorrhage and other Circulatory Diseases 176, (4) Tuberculosis 83, (5) Senility 79, (6) Bronchitis 73, and (7) Nephritis 52. Deaths from these causes account for 71.7 per cent. of the total deaths.

With regard to cancer, the total deaths show a slight decline with a corresponding decline in the rate per 1,000 of the population. In 1932 the rate was 1.8 compared with 2 in 1931, and in 1932 cancer was the cause of 13.7 per cent. of the total deaths.

In investigating the individual returns from the County it was found that the average death rate for the boroughs and urban districts was 13.3; the highest death rate of 19.1 was returned by Hadleigh, and the lowest of 10.9 was recorded in Bury St. Edmund's. The average rural death rate was very similar to that of the boroughs and urban districts, being 13.2. The highest rural death rate was returned in Cosford with 14.3, and the lowest rate was found in Thingoe with 12.1.

Infant Mortality.

The rate for the Administrative County of 52.6 per 1,000 live births is identical with that of last year, and again compares most favourably with the similar rate for England and Wales, which in 1932 was 65. To maintain the rate at this level affords testimony of the efforts which are being made to-day towards the protection of child life, and I am well satisfied with the results in this County.

Maternal Mortality.

I am very glad to report that this rate shows a considerable reduction in 1932; the figure for the year was .69, in comparison with 3.99 last year. I would emphasise that this is a very notable result and one which reflects very great credit on the County medical and nursing resources. I will have occasion to refer to this rate in a later section of this Report, but I wish now to express my great admiration for all the efforts made to bring about this very fine achievement. When one remembers that the similar rate for England and Wales is 4.06, one realises the excellent record of this County in 1932.

Zymotic Deaths.

A total of twelve Zymotic Deaths was returned for the Administrative County. The summary of the causes of death was as follows:—Measles 1, Whooping Cough 4, Scarlet Fever 2, Diphtheria 3, Encephalitis Lethargica 1, and Cerebro Spinal Fever 1. The Zymotic Death Rate for the County was .11.

General Provisions of Health Services for the Area.

1. LOCAL GOVERNMENT ACT, 1929.

(a) Institutional Provisions (Chronic Sick, Aged and Infirm and House Cases).

Considerable progress has been made during the year to carry out the recommendations which were fully reported upon in my last year's Report.

After some experience of the working of the Act in this County, one is in a better position to survey the County's needs in this respect, but I do not think I require to modify the initial scheme presented in 1931.

There are in West Suffolk four institutions: at Sudbury, at Newmarket, at Kedington and at Bury St. Edmund's, which were transferred to the County Council under the Act. It is unfortunate that the pressure on the accommodation of each of these institutions does not naturally equalise itself. Since I came to West Suffolk, the pressure on accommodation has manifested itself mostly at Bury St. Edmund's and at Sudbury; Kedington Institution being partly used for the treatment of mental cases does not quite come into the same category as the others, but nevertheless there is ample reserve accommodation in these excellent buildings, while at Newmarket, where there is the most modern institution in the County, the geographical position tends to make the full utilisation of its facilities a matter of some difficulty. Until the present time the resources of Newmarket have been kept in reserve to some extent, but I am very anxious that greater use should be made of its ordinary resources, permitting still reserve accommodation for periods of pressure in other institutions. I consider that the best way to attain this object is to increase the area which it serves for the reception of indoor cases; as a result, accommodation at Newmarket would be more steadily utilised and pressure would be reduced at Bury St. Edmund's and Sudbury, and there would be a general levelling up of the County's resources. With regard to Kedington, the scheme which I have mentioned previously whereby this institution might develop on a Mental basis rather than on a Public Assistance basis has been investigated, and further progress in this way is now being hopefully awaited. At present, Kedington Institution, through no fault of its local committee or of its officials, is an expensive unit per head to maintain, and a very great deal of its accommodation is unused. It is impossible to utilise Kedington for the treatment of sick people without heavy capital expenditure; its use for house cases is not required, and consequently, unless an external scheme is considered, this institution may well remain permanently below its recognised capacity with relatively heavy running costs. The scheme for Kedington very briefly visualises (a) the removal of the present House Cases, numbering approximately 20, to Newmarket; (b) the removal of the certified mental cases at present there accommodated to St. Andrew's Hospital; (c) the provision of 200 beds for cases of Mental Defectives, and (d) the provision of 12 hospital beds to serve the Mental unit; the remainder of the Infirmary Section to be reserved for the use of special West Suffolk cases.

The adoption of this scheme would provide much-needed institutional treatment for mental defectives; it would relieve pressure on St. Audrey's so that accommodation there might be used for the type of case for which it was primarily intended; it would enable this County Council to utilise fully the resources of the Institution which otherwise must remain as an uneconomic unit; and it would allow of the transfer to Kedington Infirmary of those hospital cases with objectionable mental symptoms which are now being treated along with other sick in the County Institutions.

I feel very confident that, despite the initial expenses which would have to be borne by this County, the final result would be very satisfactory both from the point of view of institutional provision and of finance.

I give herewith a note on each of the County Institutions, and a summary of the recommendations referring to them.

Bury St. Edmund's. The main recommendations with regard to this Institution deal with the reconstruction of the Male Infirmary, the building of a bungalow for the Master and Matron, the accommodation of the Nursing Staff in the present quarters of the Master and Matron, and the provision of central heating for the Female Infirmary. A considerable part of this work is now being carried out, and its completion in 1933 is expected.

The reconstruction of the Male Infirmary will add materially to the resources of these excellent wards, and approximately 20 additional first-class beds will become available. The central heating of the Female Infirmary has already proved its worth, and undoubtedly the aged and sick inmates will have much reason to bless this action of the Committee. The transfer of the Nursing Staff to the Master's Quarters will allow the personnel to have very much better conditions, with greater freedom in their off-duty periods. This, I consider, is a very great improvement, as previously their quarters were closely adjacent to the sick wards, and consequently much of their freedom when off duty was curtailed.

I consider that these changes at Bury St. Edmund's will add considerably to the efficient service given by the Institution, and when the total costs incurred are assessed against the benefits obtained, it may well be said that much has been accomplished at a very small expenditure.

Newmarket Institution. In my last Report I referred to the wide range of service which this excellent institution can render to the County; in all my experience of Public Assistance work I have not met with a better institution, nor one in which modern ideas have been so keenly anticipated. The plan of the institution and the type of buildings render development both possible and desirable; without question this institution, in structure and in scheme, takes first place in the mixed legacy inherited by the County Council under the Act of 1929.

The chief recommendations for this institution were the provision of a Nursery for young children, the recognition of the Maternity Block as the main provision for the County, and the adaptation of existing and in some cases obsolete house wards, both male and female, as hospital annexes for the treatment of the aged and infirm.

Considerable progress has been made in the reconstruction of the house wards as hospital annexes; in one instance a coal store and firewood store formed part of the buildings to be adapted. The result of the conversion carried out by the Master largely with house labour is magnificent, and the transformation that has been brought about is little short of miraculous. From semi-derelict buildings there have been produced wards of excellent structure, comfortable and convenient for the use of aged and infirm people, and the entire expense has been practically negligible.

The excellence of the work of a reconstructive type which is carried out in this Institution by the Master and his staff is so marked that I bring specially to your notice the highly efficient services which he has rendered to the Committee.

Sudbury Institution. I have commented previously on the very difficult structural conditions of this Institution; I do not think it possible to recommend alterations of an extensive type, because, despite all that can be done by efficient control, the institution remains structurally bad.

The provision, however, of day-room accommodation for the Female Infirmary is very desirable, and my recommendation also included the provision of an emergency Maternity Ward. This latter suggestion has now been carried out, and the result is highly creditable to the institution.

While adhering to my original statement that costly alterations are out of the question, I do feel that three main ideas might be carried out, viz., (a) to utilise the excellent fabric of the present paint and lumber store as a Master's House if the expense involved is reasonable, (b) to use the present Master's quarters as quarters for certain members of the Nursing Staff, obtaining in this way extra ward accommodation through the release of the present bedrooms of these nurses, and (c) to improve certain general accommodation for the house staff.

I would draw the Committee's attention to the very obvious difficulties under which the Sudbury Committee and Staff carry out their work; it is pleasing to find, however, that the general efficiency of this institution is now excellent, and there is every indication that greater service will be rendered in the future by the institution and its staff.

Kedington Institution. As I have referred to this institution previously in this Report, I do not propose to go into further detail, beyond saying that in my considered opinion the adoption of the proposed Scheme for its transfer to the basis of a Mental Home is the only practical procedure for dealing with its future. The development of the institution on this basis can be practically fully assured; it is admirably suited; its scheme of buildings and surrounding lands are ideal; and as I have said before I believe that this County will not lose financially by the suggestions contained in the scheme.

(b) Institutional Provisions (Acute Surgical and Acute Medical Cases).

Arrangements have now been completed for the treatment of all such cases on an agreed basis at the West Suffolk General Hospital, and at St. Leonard's Hospital, Sudbury. The settlement of this question for a trial period of 12 months is a matter for congratulation, as undoubtedly the policy of co-operation between the Local Authority and the Voluntary Hospitals will produce in this area the best results at as low a cost per head as is possible.

(c) Poor Law Medical Out-Relief.

There was no substantial change in the position in 1932, and the final arrangements under this heading are still awaiting consideration. A full Report of the Medical Officers and Relief Districts is given in the Annual Report of 1930.

II. INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

The general provision under this heading is very seriously inadequate in this County. It is practically impossible to secure betterment under existing conditions, and unless the scheme for Kedington Institution previously mentioned in this Report comes into operation I see no hope of relief in the immediate future. Despite the difficulties of the times, I feel that this work is well worth while and that it merits the sympathetic consideration of the Council, not only in the interests of the defectives, but also in the interests of the general public.

III. LABORATORY FACILITIES.

By arrangement with the Hospital Authorities, the general bacteriological work of the County is undertaken by the West Suffolk General Hospital. This arrangement is found to be satisfactory and convenient for the greater part of the County, but owing to difficulties of communication, some delay tends to occur in dealing with work chiefly from the southern part of the County. Having regard to this, I reported to the Public Health Committee on the matter, and the Committee approved of certain urgent work being carried out at Ipswich and Colchester. I believe that this arrangement has been markedly beneficial to these particular areas of the County in which difficulty and delay were previously experienced.

The following is a summary of the work undertaken during the year by the West Suffolk General Hospital for the County Council:—

Throat, Nasal, etc., Swabs	...	...	...	...	...	...	322
Cervical swabs and smears	...	...	...	...	...	...	23
Examination of urine (routine examination)	...	...	...	...	...	...	6
Examination of urine (Cultural examination)	...	...	...	...	...	...	2
Examination of urine (examination for T.B.)	...	...	...	...	...	...	1
Blood, for Wassermann Reaction	...	...	...	...	...	...	125
Blood Counts	...	...	...	...	...	...	1
Sputum for Tubercle Bacillus	...	...	...	...	...	...	369
Sputum for Organisms	...	...	...	...	...	...	1
Hairs for Ringworm	...	...	...	...	...	...	34
Smears from Eyes	...	...	...	...	...	...	1
Examination of water for Abnormal Organisms	...	...	...	...	...	...	1
Sections and Reports	...	...	...	...	...	...	1

IV. GENERAL HOSPITALS.

I have nothing to add to my remarks on this subject previously reported in 1931. I would, however, take this opportunity of cordially thanking the administrative and medical staffs of the voluntary hospitals within and without the Administrative County for their co-operation and help during 1932. It is a pleasure for me to report that the Public Health Department has received the fullest and most courteous co-operation from all the Voluntary Hospitals, and I express the hope that my Department may have been of some assistance to them.

V. MATERNITY AND NURSING HOMES.

Administration of this section of the work is now carried out under the provisions contained in the Nursing Homes Registration Act, 1927. Inspection of all registered homes is carried out routinely by the Superintendent Health Visitor, and in special cases by the County Medical Officer.

It is my policy to make stringent enquiry into all new applications for registration under the Act, and before the certificate of registration is granted, the premises, furnishing, equipment, etc., require to conform to a satisfactory standard of attainment.

The number of homes registered in the County at the end of December, 1932, was 11. No new applications for registration were made during the year. Three applications for exemption from registration under the Act were received and granted.

VI. INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

No special official arrangements are made for the care of unmarried mothers, except by reception into Public Assistance Institutions. Illegitimate and homeless children can be accommodated in the Children's Homes at Bury St. Edmund's and Sudbury. Both these Homes are of the best description, and keen interest is taken in the welfare of the children. They form an eminently satisfactory provision for children of this type in the County.

VII. AMBULANCE FACILITIES.

(a) **For General non-infectious Cases.** The local branch of the British Red Cross Society at Bury St. Edmund's maintain an excellent motor ambulance service, and on this service my department depends for much valuable assistance. Again, a motor ambulance is provided by a local voluntary association for Haverhill and district.

(b) **For infectious cases.** No motor ambulances are maintained by authorities within the County for the transport of infectious cases. Horse ambulances are employed in Bury St. Edmund's, Haverhill and Sudbury. The only motor-ambulances available are those hired from outside authorities, viz., Exning Joint Hospital, Colchester, and Ipswich.

Maternity and Child Welfare Service.

Considerable attention has been directed during the year to the co-ordination of this Service with the other Services of the Health Department, and more particularly with the Service of School Medical Inspection.

Administrative co-ordination of the Services is now complete, and so far as is possible there has been established a continuity of clinical supervision. The latter is particularly well-established in all areas in which Maternity and Child Welfare Centres are in operation; in nearly all cases in these areas the medical and nursing services are identical for both Child Welfare work and School Medical Inspection work. In this connection there is a striking example which demonstrates this point of continuity very clearly; one of the County Health Visitors who has worked in the same area for several years possesses an astonishing knowledge of the progress of children of families in her area from practically the time of birth to the end of school life; not only is there personal knowledge of the children, but in many instances there is accurate knowledge of their home conditions and circumstances. Such extensive knowledge is of immense value in the maintenance of health records over a series of years, and it forms an entirely valuable source of information both to the Medical Officer actually working in the area and to myself. In areas in which Welfare Clinics do not exist, and in which the main health visiting of young children is carried out by District Health Visitors, the continuity of knowledge and of record is by no means so complete. To a certain extent this lack is minimised by transferring from the Child's Welfare record card to its School Medical Record Card all essential health information, but there is unavoidably a break in the personal knowledge and supervision. In so far as is practicable with my existing Staff, continuity of supervision is maintained, but in a very large area with a scattered population one cannot expect this continuity to be complete all over the County. Nevertheless, I feel that good progress is being made and with the help of external associations and organisations which exist for the safeguarding of the interests of young children it is to be hoped that still greater progress will be possible. Even at this stage it is true to say that few, if any, cases of serious defect in young children remain for any length of time unknown to this Department.

In this connection the recording and treatment of cases of nutritional defects, of visual defects, and of crippling defects have received very special attention, and much good work has been accomplished in this way.

Even at this time of serious depression it can be stated with confidence that there is infinite benefit to be obtained from wise expenditure directed to the care of young children. Such work realises the highest ideals of preventive medicine and upon its successful accomplishment will depend greatly the health standards of the future.

Home Visiting.

During 1932 a total of 5,466 visits were made to children under the age of one year, and of these 1239 were first visits; to children between the ages of one and five years a total of 15,477 visits was made. The total increase in visits made in 1932 over those in 1931 was 1,439; this figure is highly satisfactory, because its greatest increase, that of 1,385, was made in visits to children between one and five years of age. It is within this age group that the greatest difficulty is experienced in maintaining satisfactory supervision; it is a gulf period between the Maternity and Child Welfare Service and the Service of School Medical Inspection, and unless care is exercised children of these ages tend to be left more or less in a back-water over this period. The work of increasing the supervision of such children is worthy of the best efforts, because it is at this time that so many of the defects and diseases which

later become apparent in school life have their origin. By reason of the visiting which is now increasing definitely in strength the Department has greater knowledge of these children, and conditions of special defects or diseases are brought for attention and advice without delay. This work is carried out by the District Nurse Health Visitors and by the County Health Visitors, and in every way their duties are carried out in praiseworthy fashion.

Infant Welfare Centres.

There are 15 Infant Welfare Centres held under the auspices of the County Council, and, in addition, one centre is provided and maintained by a voluntary association.

During the year a total of 2,946 attendances was made by children at the centres; of these 1,021 were made by the children under one year of age, while 1,925 were made by children between the ages of one and five years. The average attendance of children per session at all centres during the year was 9.3; the total number who attended for the first time was 294, including 192 children under one year of age.

In 1932, a considerable re-organisation took place with regard to the work of the centres, and attention was directed strongly to the fact that they existed for the prevention of disease and not for its treatment. When I came to West Suffolk there was a great tendency to regard these centres as out-patient departments whose main object was that of treatment. This was never the intention of Child Welfare Work, and I feel that the change in policy, though naturally unpopular at its inception, will ultimately raise the standard of the work of the clinics and enable them to take their rightful place, not only in the Health Department, but also in the general field of medical practice in the County.

There is undoubtedly a need for the greater extension of this work in the County, but under present staffing conditions I am of the opinion that the maximum amount of work which can efficiently be carried out is being so carried out, and that it is impossible to increase under these circumstances the number of centres, desirable and even necessary though it may be.

Ante-Natal Services.

The County Council have adopted no scheme of ante-natal care in the County, and this work is largely carried out by the private medical practitioners and by the County midwives. At each of the County Welfare Centres general advice is given on ante-natal care, and where required, steps are taken to ensure that any necessary treatment is obtained.

I attach very great value to ante-natal work; it is undoubtedly the greatest single measure which can be used for the protection and safety of all pregnant women, but I am unable to advise the County Council to undertake this work without the services of a fully competent and experienced officer for clinical duties; if such work is to be officially carried out, then it must be fully efficient, because in the absence of complete efficiency it is without merit, and may even indeed be a source of danger. Having regard to the administrative difficulties involved in a rural County like West Suffolk, I am of the opinion that in the meantime an organised scheme cannot be advised with any great confidence; my policy in ante-natal work has been to encourage and to stimulate the efforts and work of the County midwives, and at all times to stress the advisability and necessity of calling in medical attention at the earliest appearance of any abnormal development.

Infectious Diseases of Special Nature.

One case of puerperal fever and eleven cases of puerperal pyrexia were reported in 1932. All these cases were investigated and enquiry was made to ascertain that treatment had been secured.

Four cases of ophthalmia neonatorum were notified, and investigation was made into all these cases. In no case did permanent blindness result.

OPHTHALMIA NEONATORUM.

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At Home.	At Hospital.				
4	3	1	4	—	—	—

Maternal Mortality.

It is with great satisfaction that I report that only one death occurred in 1932 as a result of pregnancy or childbirth. The single death recorded was due to pneumonia which occurred during the puerperium. In 1931 six maternal deaths were notified. In 1931 the maternal mortality rate per 1,000 total births was 3.99, while in 1932 the rate was 0.69.

Undoubtedly, very great credit must be accorded to all concerned in this surprisingly fine record for 1932; it is true that fortune may have been kind, but nevertheless it indicates an efficiency and zeal for which no praise can be too great. To both doctors and midwives of this County a very great appreciation is due when one recollects that this result was achieved over a period of twelve months in which 1459 births were notified.

Children Act, 1908 (Part 1).

The County Health Visitors make routine quarterly visits to all children registered under this Act. Additional and special visits are made when required, and, if necessary, in unsatisfactory cases a Medical Officer makes a visit. Strict attention is given, not only to the personal health of the children, but also to the suitability of their environmental conditions. The present administrative arrangements in the County are satisfactory, but it is to be regretted that this particular legislation allows certain serious loopholes which render its proper execution a matter of considerable difficulty under certain circumstances. In 1932, three children registered in one home were removed on my order on account of unsuitable conditions and management.

Statistical details of the year's work are given below:—

Number of Cases on Register, 1-1-32	...	...	...	...	107
„ of New cases	...	...	...	...	57
„ returned to parents	...	...	...	...	26
„ adopted	...	...	...	...	—
„ died	...	...	...	...	1
„ who attained 7 years of age	...	...	...	...	21
„ left county	...	...	...	...	19
„ transferred to Public Assistance Institutions	...	...	...	...	3
„ of cases on Register, 31-12-32	...	...	...	...	94
„ of unsatisfactory cases	...	...	...	...	3
„ of visits by Medical Officers	...	...	...	...	2

Nursing in the Home.

(a) **General.** The general nursing services in West Suffolk are undertaken by the County Nursing Association in conjunction with the County Council.

The development of the County Nursing Service during recent years is highly satisfactory, and it is most creditable that the County is not only remarkably well covered but is also most efficiently served.

The advantages of trained nursing are so obvious that they do not require mention by me, and the provision of this service in West Suffolk has resulted in much good work being carried out.

It is with pleasure that I commend to your attention the diligence and efficiency of your District Nurses, who work unceasingly and with an entire unselfishness in the interests of the community.

From time to time re-organisation of districts requires settlement, and I would strongly recommend that in future even greater advantage should be taken of the policy whereby the working areas may be extended by the provision of suitable transport for the nurse. Such a policy increases efficiency, broadens and improves the basis of administration, and last but by no means least gives the nurse better working conditions. It is true to say that the average working conditions of district nurses have improved considerably, but still much could be done without in the least overstepping the mark of reasonable economy. It is strongly my view that wherever possible, and wherever the work or district so demands, a motor-car should be provided for the nurse. The day of the pedal bicycle, useful as it is for work in compact districts, has gone altogether where large areas have to be covered; the motor-cycle is to a nurse the most complete form of abomination and its use should be entirely discontinued; therefore it remains that the motor-car, which gives comfort and speed, allowing greater efficiency to work and greater contentment to mind, must be the provision of to-day and of the future.

Working conditions improved in this way of transport and in other similar ways will do much to attract and to hold the best type of women for district nursing. Let it be remembered that under the best of conditions the work of these fine women is never easy; at all times for complete efficiency it requires not only knowledge and skill but a stoutness of heart and an unselfish devotion. I think it is not too much to ask that their conditions of service should be improved to the very limit of available resources.

(b) **Tuberculosis.** Under the direction of the County Medical Officer, arrangements are made in special cases of tuberculosis for home nursing to be carried out by district nurses.

(c) **Infectious Diseases.** No arrangements are made by the County Council for the nursing of cases of infectious diseases in the homes of the patients, although in special circumstances, cases of ophthalmia neonatorum may be so treated by the direction of the County Medical Officer.

Midwives.

(a) **Midwifery Service.** This service is carried out by the West Suffolk County Nursing Association in conjunction with the County Council.

The general financial arrangements previously in force have been continued during the year.

(b) **Inspection of Midwives.** The routine work of inspection is carried out by the Superintendent Health Visitor of the County, who pays routine visits to all midwives practising in the Administrative County. During the year 226 visits of inspection were made, and it is pleasing to report that no serious complaint was referred to me. The Inspector reports that she is well satisfied with the general standard of work, and with this view I am in entire agreement.

To the midwives very great credit is due for their share in the reduction of maternal mortality previously alluded to in this Report; such a result is a high testimony to their work, and I particularly direct your attention to this remarkable proof of their ability and efficiency. It is a record of which they and the County may well be proud, and I have very great satisfaction in adding my official praise of this very fine accomplishment.

(c) **Statistical Particulars of the Year's Work.** The number of midwives practising at the end of the year in the area served by the Council was 80. In 1932 the midwives attended by themselves 703 cases, while in 317 cases they acted as maternity nurses, there being a medical practitioner in attendance.

Medical help was called in by midwives in a total of 228 cases, which represents a percentage of 31. In 190 of these cases medical help was sought in respect of the mother, and the chief conditions necessitating this help were ruptured perineum, prolonged labour, threatened abortion and miscarriage, albuminuria, hæmorrhage, abnormal presentation and post-labour abnormalities.

In 38 cases medical help was sought in respect of the baby, chiefly for discharge from eyes, dangerous feebleness, and congenital deformities.

(d) **Ante-Natal Work by Midwives.** Ante-natal work and the maintenance of ante-natal records are carried out routinely by the midwives in the area. I am unable to say that this Service is either complete or fully efficient, as of course quite a number of the older nurses never had the advantage of being taught this work during their training. On the whole, however, the work carried out by the midwives is satisfactory, and although it may be lacking in certain respects it can be truthfully said that much good is accomplished by their conscientious and painstaking work. As the younger nurses gradually replace those who in their day have served well and faithfully, it may be expected with confidence that the general standard of the ante-natal work of the midwives will reach a considerably higher standard.

(e) **Educational Facilities for Midwives.** Through the enthusiasm of the County Superintendent, and as a result of the very real interest of the midwives themselves, a comprehensive course of lectures was given during the year. This innovation was so successful that an extension in its scope is being made during the present year. A variety of subjects relating to their work have been discussed at these meetings, and I have been delighted to find that the midwives attended regularly and showed marked interest throughout the lectures.

Again, an excellent proposal of the Superintendent dealing with vocational courses of intensive training of a post-graduate nature for midwives will very probably be carried into force during this year.

Altogether, a considerable effort has been made to break down the isolation that surrounds the country midwife, and at the same time to broaden her knowledge so that she may be helped in her work. Much of the success of this endeavour has come from the obvious interest and enthusiasm of the midwives themselves. It is with pleasure that I record the desire of the midwives to help themselves and their work in this way, even though at times attendance at these meetings may occasion some personal inconvenience.

County Tuberculosis Service.

General Statistical Facts.

New cases of pulmonary tuberculosis notified during 1932 numbered 113, which figure is a decrease by 1 on the corresponding figure in 1931. The new cases of non-pulmonary tuberculosis during this year numbered 38, which shows a decrease of 18 on the figure for the previous year.

During the year,a total of 86 deaths was recorded, 72 being pulmonary cases, and 14 being non-pulmonary cases. In the previous year the total deaths were 80, comprising 64 pulmonary cases and 16 non-pulmonary cases.

The Death Rate from tuberculosis in 1932 was .81, the corresponding figure in 1931 being .76.

I submit herewith a Table of new cases reported in 1932, together with a summary of the total deaths in the area during the year.

TUBERCULOSIS.
NEW CASES AND DEATHS DURING 1932.

Age Periods.	New Cases.				Deaths. *			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	1	1	—	—	—	2
1	—	—	2	2	—	—	1	—
5	2	—	2	4	—	1	1	1
10	2	3	6	2	—	2	—	—
15	3	3	1	1	2	4	—	—
20	9	11	2	1	4	4	—	—
25	15	11	—	4	8	12	—	—
35	11	10	6	—	6	4	2	—
45	13	6	1	1	6	8	—	2
55	7	3	—	—	4	3	1	1
65 and upwards	1	3	—	1	—	4	1	2
Totals ..	63	50	21	17	30	42	6	8

*Note.—Three of these cases were not notified before death.

The number of notified cases on the Register at the end of the year was 513, and of this number 150 were insured persons.

During the year 43 admissions were made to the West Suffolk Sanatorium, and, over the same period, 36 cases were discharged from the Sanatorium. The total number of in-patient days was 5,721; this figure shows an increase of 559 days on the similar figure for last year.

In addition, 18 pulmonary cases were admitted to other institutions approved for the treatment of tuberculosis, while under similar auspices 9 non-pulmonary cases were admitted.

Again, 15 pulmonary cases and one non-pulmonary case, were admitted to the Public Assistance Institutions during 1932.

In the course of the year 56 X-Ray examinations and 260 sputum tests were carried out; both these figures show a considerable increase on those for the previous year, which were 48 and 174.

The County Medical Staff made 844 home visits to cases of tuberculosis, and, in addition, 106 dispensary consultations were given. Personal and other consultations between the Tuberculosis Officers and medical practitioners numbered 303, which is an increase of 199 on the last year's figure. The County Health Visitors carried out 1,332 home visits of supervision to cases of tuberculosis.

General Remarks of the Service.

In my previous Report it was pointed out that a very considerable amount of work was outstanding in connection with this Service. The utmost efforts have been made during 1932 to overtake these serious arrears, and it is with confidence that I report the substantial improvement which has taken place throughout the entire Service.

Administrative and clinical schemes are now operating efficiently and smoothly, and in 1932 the position and standing of the Service have materially improved. The confidence

of the medical practitioners of the area has been obtained and proof of this is best found in the great increase in consultative work that has been undertaken; in 1931, the number of consultations, as stated, was 106, while during this year the figure increased to 303. In the latter part of 1931 and throughout 1932 the visiting work requiring to be carried out was extremely heavy, as it was necessary to undertake a complete check of all the cases on the Register. This work has now been carried out, and I anticipate that next year the number of home visits will be gradually reduced until more or less normal conditions are attained.

As a result of the comprehensive visiting which has been accomplished, the Department has now complete knowledge of all notified cases of tubercle in the County; in the future supervision of all such cases will be maintained at regular intervals, both by the Medical Officers and by Health Visitors.

During the year the Public Health Committee very wisely provided for some extension to the available institutional facilities for the treatment of tuberculosis. This additional provision has enabled me to deal adequately with an increased number of cases, and the anxiety which I felt in this connection when I came first to Suffolk has been considerably lessened. I do not say that the present institutional provisions are fully adequate for dealing with all the various types of cases, but nevertheless the situation has been improved materially and the efficiency of the Service has been greatly increased.

The number of new notifications of pulmonary tuberculosis remains practically at the same level as last year. Both in 1931 and 1932 the total number of notifications exceeded markedly the number of notifications in 1930. I do not consider that there has been any acute increase in the incidence of the disease in 1931 and in 1932; the increase in the notifications appears almost certainly to be due to an acceleration of notifications, and it is not unreasonable to assume that the increased treatment facilities and greater clinical supervision of the Service have some bearing on this result.

The death rate from the disease showed a slight increase in 1932, there being 30 male and 42 female pulmonary deaths, and 6 male and 8 female non-pulmonary deaths. The tragic mortality associated with tuberculosis is well emphasised when it is noted that 73 per cent. of the male pulmonary deaths and 76 per cent. of the female pulmonary deaths fall between the age periods of fifteen and forty-five. Again, practically 50 per cent. of both the male and the female pulmonary deaths are registered between the ages of fifteen and twenty-five. It will therefore be noted that this mortality strikes at the threshold of adult life; in some cases it cuts off life just when it is commencing in its adult strength and usefulness; in others it falls at the time when adult efficiency and service are at their prime. It is because of these characteristics that tuberculosis exerts such profound effects not only on the individual but also on the community. This statement by itself can surely be taken as providing sufficient initiative to intensify all efforts which will render the incidence of the disease less, and which will control adequately and supervise efficiently the various issues that arise from it.

In this County my policy can be summarised in the following way: the County Sanatorium deals with the treatment of all early cases and of suitable intermediate cases; its function is limited but the maximum efficiency which is possible for it to provide is provided. Additional beds are secured as required for both pulmonary and non-pulmonary cases in approved sanatoria and hospitals. In certain instances chalets are provided for use in the patients' gardens, and this provision reduces considerably the need for in-patient treatment. Finally, advanced cases who are infective and whose home conditions are bad are accommodated in special quarters in the County Public Assistance Institutions.

The Department undertakes the general supervision of all actual cases of tuberculosis, and the cases and their home conditions are periodically reviewed. This work entails visits by Medical Officers and by Health Visitors. Again, during the course of these visits special attention is given to ascertain the condition of those in actual contact with the cases. The examination of contacts has increased very considerably and 328 contacts were so examined during the year.

By this combination of work a very complete system is now in force for dealing with tuberculosis in this County; I am glad to be able to report that I am well satisfied with the progress made in the last 12 months. I would point out, in conclusion, that the administrative and clinical arrangements are fully satisfactory, and that the institutional provision, although by no means complete, shows a considerable advance on the position with which I was faced in the later months of 1931.

Venereal Diseases.

As previously mentioned in my last year's Report, the administration of this scheme presents serious difficulties in West Suffolk. In a County with a scattered population and with indifferent transport services it is practically impossible to arrange a scheme which is adequate and comprehensive; yet one is very conscious that every possible effort should be made to place under treatment all cases of Venereal Disease in the County. A serious effort has been made to utilise as fully as possible the existing arrangements, but in many respects they still remain unsatisfactory; nevertheless, as a result of intensive efforts on the part of Dr. Critchley, the Medical Officer for Venereal Diseases, the year's record of work is satisfactory, and it shows a steady increase on the services previously rendered.

The main provision for the treatment of these diseases is at Bury St. Edmund's. Owing to difficulties of accommodation in the rooms where the County Clinics are held, I restricted the Venereal Disease Clinic to one session per week, and it has been held weekly on Wednesday mornings.

In 1932, the total number of cases treated by the County Venereal Diseases Officer was 90, and of these 51 were new cases seen for the first time during the year. In addition, 16 cases were treated at outside centres. There were, therefore, 67 new West Suffolk cases in 1932.

At Bury St. Edmund's, the cases made 928 attendances for treatment; at Cambridge 118 attendances were made, while at Ipswich 25 attendances were recorded. West Suffolk cases made 1,071 attendances in 1932 at treatment centres.

The diagnosis returned in respect of the 65 new cases was: Syphilis 26, Gonorrhœa 13, other conditions 28. The number of in-patient days was: Ipswich 21, Cambridge and Bury St. Edmund's nil in approved Venereal Wards, but in the latter 155 in-patient days were returned for two patients who were treated while residing in the Public Assistance Institution. The number of doses of arsenobenzene compounds given was: Bury St. Edmund's 59, Cambridge 46, and Ipswich 8.

During the year, one female case suffering from the later stages of syphilis, two male cases and one female case suffering from the early stages of gonorrhœa, and one female case suffering from the later stages of gonorrhœa, ceased to attend before completion of treatment.

During the year, 33 specimens were examined at the treatment centre by the Medical Officer, while 65 specimens were sent to an approved laboratory for examination.

The noteworthy features in the year's return are, firstly, the new cases attending for the first time increased by 17, and, secondly, the total attendances for the year were practically doubled, being 1,071 in 1932 and 583 in 1931. The increase in the attendances is still greater when compared with those in 1930, which totalled 203.

The increase in the number of attendances does not indicate any very marked increase in the incidence of Venereal Disease in the area, but it demonstrates very clearly that more intensive treatment is being given, and that greater efforts are being made to increase the facilities for treatment. Much careful attention has been directed to the detection and treatment of cases of congenital syphilis, and undoubtedly the Service has carried out a great deal of good work in this connection.

In attempting to make suggestions for improved treatment clinics, one is faced with serious difficulties. Such an improvement can only be brought about (a) by new buildings on the present site of the clinic, or (b) by transfer of the clinic to the general hospital, or (c) by the transfer of cases to recognised treatment centres outside the Administrative County. The only suggestion of real practical value is that set out in (a), and the accomplishment, or even the recommendation of this is practically impossible at this time. The idea contained in (b) has its merits, but there are many difficulties of staffing, etc., associated with it; while the suggestion in (c) is rendered inoperative for certain parts of the County owing to difficulties of transport.

One is forced to the conclusion that meantime there is little hope of improving the position. Nevertheless, I place it clearly on record that the present arrangements are far from being satisfactory, and that, further, they are open to much justifiable criticism. The creditable work carried on by this Department is entirely due to the excellent spirit of the personnel, who, despite severe handicap, work steadily for the cure and amelioration of these conditions.

Sanitary Circumstances of the Area.

(1) Water Supplies.

The water supply generally of the rural districts presents serious problems; in many instances local water supplies are liable to considerable pollution, and in fact this is rather the rule than the exception. Fortunately the local inhabitants have long since established an immunity to the particular and usual pollution in their drinking water; in the event, however, of some new infection being added to these supplies, very serious and widespread epidemics would result. The possibility of such a happening must always be faced, and the reply that this has never yet happened will scarcely be taken as adequate if such serious issues do develop. From time to time there appears an agitation with regard to rural water supplies and the necessity for their improvement, but little progress has been made in this County in this direction. The local difficulties encountered are in some cases so great that I should not be surprised if one day there will come about a regional grid system of water supply; such a system appears to be the only possible one capable of dealing with the present situation, which despite the safety of the past must always remain potentially dangerous.

I give herewith extracts of special interest from the Reports of the District Medical Officers relating to local water supplies.

Bury St. Edmund's. An extension of 177 yards in three roads has been made in 1932; the quality and quantity of the water remain satisfactory. One sample of well water was analysed, but no samples were analysed from the pipe supply.

Glensford. No changes have been made and no samples were sent for analysis.

Hadleigh. At the end of the year 241 houses had been connected to the public supply, which was satisfactory in quality and quantity.

Newmarket. Four samples of water were taken for analysis; two of these were from the pipe supply, which was found to be satisfactory. There has been no extension to the system during the year; the area is practically wholly served by a pipe supply.

Sudbury. Six samples of water were analysed and four of these were from the pipe supply; the supply is adequate and of good quality.

Brandon. Practically no action was taken beyond the repair of one well.

Cosford. Ten samples of water were taken from wells for analysis, and six well samples were condemned. Ten wells were cleansed during the year.

Melford. Twenty-nine samples of well water were taken for analysis and two were condemned. Two wells were closed and eighteen were repaired.

Mildenhall. Five wells were cleansed; no samples for analysis were taken.

Thedwastre. Twenty-three samples of well water were analysed and six well samples were condemned. Nine wells were cleansed. A well has been sunk at Rattlesden to supply 24 houses, which formerly derived their water from two filthy roadside reservoirs.

Thingoe. Five well samples were taken; one sample was condemned and one well was cleansed.

Conclusion.

It is very evident that there is a considerable variation in the activities of the various local Authorities with regard to matters of water supply. It is pleasing to note that certain authorities are appreciating the importance of the question and are making efforts to improve matters, but on the other hand it is somewhat disappointing to find that in other cases a policy of "no action" appears to be the order of the day.

(2) Rivers and Streams.

My remarks in last year's report are still applicable for the County as a whole. There is a considerable pollution of rivers and streams and in one rural district the local Medical Officer states that in eight parishes at least drainage is discharged directly into streams and that in warm and dry weather nuisance of a bad type is created. The only remedy for the position lies in the provision of sewerage schemes for certain villages, but at the present this development appears wholly impossible.

The River Lark has been maintained under inspection from time to time particularly during the campaign of the local Beet Sugar Factory. In my opinion genuine efforts have been made by the authorities of the factory to prevent river pollution, and no official action was taken in this respect during the year. The cleansing and clearing of the banks and bed of the stream which have now been in progress for a considerable time should do much to obviate stagnation and to prevent smell nuisance arising from the river course.

(3) Drainage and Sewerage.

Matters of interest are quoted as follows from the Reports of the District Officers:

Bury St. Edmund's. Soil sewers were extended 377 yards in two roads, and 814 yards of surface water drainage in four roads were provided. There are approximately 14 cesspools remaining in the Borough.

Glensford. No action was taken.

Hadleigh. The new sewerage and sewage disposal works were completed in 1932, and area connections to sewers were commenced in November.

Newmarket. Conditions remained unchanged.

Sudbury. Seven acres of land have been acquired for future use in connection with the sewage disposal works.

Brandon, Melford, Cosford and Thingoe. No action was taken.

Mildenhall. There are no sewers in the district.

Thedwastre. In the Elmswell area approximately 50 yards of ditch carrying sewage was piped.

Conclusion.

It will be seen that the only notable development under this heading during 1932 was at Hadleigh, where a modern system of sewerage and sewage disposal was installed. In certain rural areas there appears to be a continued laxity with regard to matters of drainage and sewerage, and in many parts the standard falls far short of present day requirements.

As in the case of water supplies these questions present serious difficulties in rural areas, the complete solution of which may be found one day in the grid system, mention of which I have previously made in this Report.

Details of closet accommodation, of scavenging and refuse disposal, of general sanitary inspection and of premises and occupations which can be controlled by bye-laws or regulations will be found in the Reports of the District Medical Officers, and I propose to make no reference to them in this report.

Housing Conditions in West Suffolk.

In very great part the section of my Report for last year dealing with this question remains applicable. The position has not changed to any appreciable extent and in some areas of the County particularly there is an urgent and real need for houses, more especially for the use of the poorer paid workers.

The statistical returns from the various parts of the County show very marked variations, and having regard to the generally comparable conditions in these areas it would appear that the personal standards and personal interest of the various inspecting officers exert a considerable influence on the figures. An example of this variation is clearly seen in the figures affecting two rural districts within comparable limits; in the one the number of houses found not to be in all respects reasonably fit for human habitation was 64 per cent. of the total houses inspected, and in the other it was 2.6 per cent. If this latter figure were a true one the position would be easy, but I am rather afraid that this is very far from being the average for the County. There is not the least doubt that the housing conditions of the rural population are in many instances both unsatisfactory and insufficient; many people are living under conditions of overcrowding, and again many people are living in houses which are in urgent need of repair. One of the most experienced District Medical Officers writes in his report that there are many houses in his area which because of the poor lighting, ventilation, dampness, lack of water supply and drainage are totally unfit for human habitation. He states further that such houses have been condemned in the past but are still in use and occupation, and must, because of the housing shortage, continue to be occupied.

To my mind this frank statement is applicable to many parts of this County, and I am convinced that through lack of data and through the absence of an essential remedy the true position with regard to housing questions has not been fully revealed.

This County, therefore, is faced with two associated problems; firstly, that many existing cottages are dilapidated and in some respects insanitary, and secondly, that the conditions and wages of farm labourers and allied classes of workers prohibit entirely the payment by them of an economic rental judged by present day standards. In this latter connection it must not be forgotten that the proper and decent housing of agricultural workers has been and always will be one of the greatest issues of the agricultural industry.

The position to-day is fraught with many difficulties. Every effort must be made to improve these housing conditions but it must be constantly borne in mind that if progress is to be made in health matters the houses must be provided at rents within the reach of the workers. If too great rental demands are made the sacrifice will come from the money primarily intended to feed the family, and the results will be full of tragedy. It must be clearly understood that if our new housing estates and schemes are to be subsidised out of nutrition they will be a definite menace to public health. Nutrition of the individual and of the family are the foundation of all health and of all life, and interference with this issue will only give disastrous results. By all means let us have improved housing, but let every safeguard be taken to ensure that this improved housing will not impose hopeless burdens on the individual or on the community.

I have nothing to add to the recommendations for improvement made in my last Report; and I give herewith details of interest from the local Reports.

Bury St. Edmund's. A housing scheme of 313 houses and 24 flats has been completed, and 16 flats are in course of erection. Several cases of gross over-crowding have been abated by the removal of tenants or sub-tenants to Corporation houses.

Hadleigh. Since 1920, 52 houses have been completed, and a further housing scheme in connection with a clearance scheme was postponed in 1931 owing to the financial crisis.

Newmarket Seven housing schemes have been completed by the Urban District Council with a total of 176 individual houses. A further 54 houses are proposed to be erected during 1933-34. There is present in the area a certain degree of overcrowding, but in this and in the matter of defective dwellings the Council propose to take action.

Sudbury. A total of 50 houses has been completed and 24 parlour type houses are in course of erection. Much of the cottage property is of low standard but there is no marked overcrowding.

Brandon. In this area a total of 116 houses has been completed, and no further schemes are proposed.

Cosford. There is no serious overcrowding, but the general condition of the houses leaves much to be desired. A scheme of ten houses for agricultural workers is proposed.

Melford. Many houses are of low standard, requiring constant supervision. 182 houses have been completed in the area; there are no future proposals being considered.

Mildenhall. Six houses have been completed and 46 houses are to be completed by the end of the current year.

Thedwastre. Approximately 100 houses are required to meet a full estimate for this area. There are many houses which should be condemned; several of these have in fact been condemned years ago but are still in use. The Authority has completed 130 houses, but no further schemes are in hand.

Thingoe. Dampness of houses is prevalent; defects noted are mostly through decay from age. 41 houses have been completed and it is proposed to erect three more cottages.

Inspection and Supervision of Food.

(a) Milk Supply.

Under the heading of milk supply there are two essential facts on which the greatest emphasis should be placed in the interests of this County; firstly, with a uniformly high standard of purity in the general milk supply there is supplied for the public, and especially children, the best individual foodstuff that can be obtained; secondly, under such a guarantee there must be a tremendous impetus given to the industry in the County.

To obtain, therefore, a high standard of bacteriological purity in the bulk milk of the County must indeed be a responsible duty of the County Council, and of local councils, as thereby health will be benefited and at the same time the County's finances will be benefited.

I am, of course, primarily concerned with the health aspect, but the financial aspect is so closely linked with it that I cannot possibly ignore it. If we in West Suffolk secure this degree of purity in the general milk supply, the public can be expected to buy more milk for their personal use with the maximum benefits to health, and again the recognition of such a standard in the County milk must inevitably improve the sale of milk outside the County; and this appears to be a consideration of increasing moment as the years go on.

I feel sure that the day is not far distant when the price of milk will be determined by its standard of bacteriological purity, and if West Suffolk can anticipate that day by making wise provision now it is not extravagant to think that there will be considerable commercial benefit to the milk producers of the area.

To obtain this ideal it is not necessary in my opinion to have elaborate cow-sheds and dairy premises; it is true that properly constructed sheds and dairies facilitate greatly the production of clean milk, but they are by no means the first consideration. Undoubtedly the vital factors in clean milk production are close personal supervision, and a rigid standard of cleanliness throughout all stages of production. I feel strongly that, given these two latter requirements, it is possible for every producer to reach the general bacteriological standard of Grade "A" Milk; in many cases it would also be possible for the bulk producer to reach the B. Coli standard for Grade "A" Milk.

The presence of tuberculosis in milk has long been a matter for serious concern. It is impossible to eradicate this trouble completely, but considerable benefit can be obtained from regular sampling and testing, and from regular veterinary inspection of the herds. Such arrangements mean the expenditure of money, but having regard to the various interests at stake considerable justification for these procedures is at hand on every side.

In summary, it is true to say that milk production generally has improved immensely in recent years; it would be wrong, however, to think that efforts should now be suspended; on the contrary there is every need to stimulate this work by every means possible, and I feel sure that much progress can be made through co-operation between the producers and the various controlling authorities.

Milk and Dairies Order, 1926.

Under this Order 11 inspections of herds were made, and 173 cows were examined, and individual samples of milk were taken and sent for biological examination. Seven animals from these herds were referred to the Committee under the Diseases of Animals Act and were slaughtered under the Tuberculosis Order, 1925.

Milk (Special Designations) Order, 1923.

One Grade "A" Licence was granted during the year. It is regrettable that the response of producers under this Order is not greater, but I admit there are considerable difficulties associated with the question. The chief trouble is the lack of demand on the part of the public for designated milk, and consequently producers hesitate to undertake the greater costs required in graded milk production because of the uncertainty of the market. It is possible that the best procedure in at least so far as Grade "A" Milk is concerned is to abolish entirely this nomenclature and legislate to bring all bulk milk to the present Grade "A" standard. To my mind, there is something radically wrong with a system which imposes on the man, wishing to produce clean milk, licence fees, and veterinary fees, in addition to a rigid system of inspection, while his colleague with less high-minded intentions may produce dirty milk practically with impunity. It is highly desirable that both nomenclature and standards of designated milks should be investigated with a view to improvements in the existing system.

(B) SALE OF FOOD AND DRUGS ACTS.

The Police are Sampling Officers, and the Annual Return of the Chief Constable showed that during 1932, 83 samples had been taken; Milk, 45; Butter, 4; Margarine, 5; Lard, 2; Baking Powder, 4; Ground Rice, 1; Malt Vinegar, 2; Demerara Sugar, 1; Scotch Whisky, 2; Olive Oil, 1; Sausages, 1; Ground Almonds, 1; Mixed Spice, 1; Golden Syrup, 1; Green-gage Jam, 1; White Pepper, 1; Cocoa, 1; Mincemeat, 1; Ice Cream, 2; Coffee and Chicory, 1; Ovaltine, 1; Bicarbonate of Soda, 1; Shredded Suet, 1; Dripping, 1; Gin, 1.

All were found to be genuine, except five samples of milk and one of whisky, which were found to be adulterated.

Bury St. Edmund's is a separate Authority for the purpose of the administration of these Acts; 33 samples were examined during the year—Milk, 21 and 1 informal sample; Butter, 3; Margarine, 2; Vinegar, 1; Lard, 1; Coffee Extract, 1; Jam, 1; Pepper, 1; Sausages, 1.

All were found to be genuine with the exception of the informal milk sample. In this case formal division of the sample was prevented by the action of the vendor, who was subsequently prosecuted for obstruction and convicted.

(C) DISSEMINATION OF KNOWLEDGE OF NUTRITION AND OF GENERAL HEALTH MATTERS.

During the year considerable efforts have been made to give instruction to the public on questions of nutrition and of general health. A considerable part of this work was undertaken under the auspices of the Women's Institute movement and similar associations. Over forty lectures, talks and addresses were given in 1932, in addition to the educational work carried out at Maternity and Child Welfare and School Clinics. A very great deal of instruction was also imparted individually by Medical Officers, Health Visitors and District Nurses.

There is a very great need for work of this type in West Suffolk; I find that the people are eager to learn and that they appreciate and act upon the advice given them. Steady progress is being made in this fashion, and while results of a dramatic type cannot be expected, yet I am certain in my own mind that much good is resulting, and that efforts in this direction should be intensified and extended in the future.

Prevalence of and Control over Infectious and other Diseases.

(A) Isolation Hospital Accommodation.

The position with regard to this question remains substantially unchanged from last year. In my previous Annual Report I detailed the entire circumstances relating to such provision in this County, and I do not propose to repeat those remarks.

It must be definitely understood, however, that such accommodation is extremely inadequate, and that under certain conditions the greatest difficulty is experienced in dealing with cases of infectious diseases.

During the year I felt it my duty to report certain of these difficulties to my Committee, as I could not accept responsibility for such arrangements without acquainting my Committee with the facts of the case.

Throughout the County there is a general apathy about the provision of isolation accommodation; it is interesting to find, however, how quickly this apathy is dispersed locally at the first approach of any disease of an infectious nature; the apathy then changes to an immediate concern as to why the local officials can make no adequate arrangements, and a very great deal of this responsibility ultimately comes to rest on me.

Very deliberately I say that the local and central officials deal with this question admirably and with great patience in the face of serious obstacles; I trust that the day will never come when Suffolk is overwhelmed with an epidemic of infectious disease, but if it does I trust equally greatly that the results therefrom will not be ascribed to myself and my colleagues.

It must be kept constantly in mind that in this County there is no modern isolation hospital accommodation serving solely West Suffolk, and that there is no motor ambulance maintained within the County for dealing with the transport of such cases.

The position at the moment is a difficult and anxious one; I hope that fortune may be kind enough to prevent it ever becoming one of tragedy.

(B) **Notifiable Diseases (other than Tuberculosis) during the Year 1932.**

Diseases.	Total Cases notified.	Removed to Hospital	Death.
Scarlet Fever	72	31	2
Diphtheria	63	57	2
Enteric Fever (including Paratyphoid)	—	—	—
Puerperal Fever ...	1	1	—
Puerperal Pyrexia ...	11	2	1
Pneumonia	34	1	15
Erysipelas	5	—	—
Ophthalmia Neonatorum	4	—	—
Encephalitis Lethargica	—	—	—
Measles	1	—	—
Chicken-pox	77	—	—
Polio-myelitis	3	1	0
Cerebro-spinal Fever ...	1	1	1

No case of small-pox occurred during the year.

This Table has been compiled from the Annual Reports of the District Medical Officers.

(C) **Infectious Diseases and School Children.**

In 1932, eleven schools were closed for outbreaks of infectious diseases. The particular diseases for which closure was ordered were: Scarlet Fever, 1; Whooping Cough, 6; Mumps, 1; Measles, 2; and Diphtheria, 1.

During the year, 130 Low Attendance Certificates were issued by the School Medical Officer in respect of the following infectious diseases: Chicken Pox and Whooping Cough, 4; Mumps, 1; Chicken Pox, 13; Measles, 37; Influenza, 14; Whooping Cough, 38; Influenza and Scarlet Fever, 1; and Colds, 22.

Conclusion.

The year was noteworthy for extensive outbreaks of measles and whooping cough in many areas of the County. In this connection it is well for me to emphasise that it is a great mistake to consider these two diseases as trivial childish complaints. It cannot be too strongly stated that both measles and whooping cough if improperly treated or if complicated by other conditions such as pneumonia, are amongst the greatest killing diseases of childhood, and that further, under these conditions, they may give rise to very serious impairment of future health. The fear of diphtheria and scarlet fever is a very real thing; but it is true to say that neither of these diseases in their present form possesses the virulent dangers of measles and whooping cough. Therefore, too great attention cannot be given to (a) the protection of very young children from infection by whooping cough or measles, and to (b) the adequate and proper care of actual cases of these diseases.

Influenza did not reach any serious level in the County during the year, and little or no interference of school work was occasioned by it.

Scarlet fever and diphtheria showed sharp local outbreaks, but there was no extensive spread through all areas. In the Newmarket district, particularly at Exning, diphtheria was prevalent, necessitating a school closure. This outbreak gave rise to considerable anxiety, and energetic measures were required in dealing with it. I have to acknowledge the valuable help of the local Medical Officer and the Head Teacher of the School, who both did much to assist the Department in its work.

The problem of diphtheria in and around Newmarket is, according to the County records, no new one, and in recent years several sharp outbreaks of the disease have occurred. In the latter part of 1932, the local Medical Officer of Health was considering a scheme for the immunisation of Newmarket children against diphtheria, and undoubtedly, such a scheme would have much value in this part of the County. Control by immunisation would influence materially the incidence of the disease particularly among young children, and it would protect at least a portion of the local child population against a disease which is always potentially dangerous; again, if the campaign was received with sufficient enthusiasm by a large enough number of the parents, the annual cost of the local Sanitary Authority for the treatment of diphtheria would be considerably lessened. It is to be hoped that this scheme will be carried through successfully as it would influence materially the incidence of diphtheria in the area.

School closures generally have been carried out in accordance with the instructions of the Board of Education, but on every occasion when this decision was considered, due regard was given by me to the particular local conditions involved. At all times I am particularly anxious to safeguard Infant Departments from infectious diseases, and more especially from measles and whooping cough, and consequently I frequently advise closure of these schools or departments under circumstances which would not compel me to close senior departments. I believe that this policy is extremely useful, and in one case at least during the year the prompt closure of an Infant School had most beneficial results. With this exception, however, I believe that in times of epidemic outbreaks, it is more satisfactory to keep the school open, and to maintain the children under close observation. In point of fact this is now being done, and I think with success, although with the available County Staff it is impossible in times of pressure to keep as close observation as one would desire. Nevertheless, all such outbreaks are now investigated by a member of the Staff, and if required, daily visits are made to the school.

In the control of various outbreaks of infectious disease during 1932, I have to acknowledge the valuable co-operation of the various local Medical Officers of Health in the County.

Blind Persons Act, 1920.

The total number of cases on the visiting lists of the Health Visitors is 117, and arrangements are made to visit them at least twice a year. The age groups of the blind persons in the County are as follows:—

Age Period.	Age Period.	Age Period.	Age Period.	Age Period.	Age Period.	Age.	Total.
0—5	5—16	16—21	21—50	50—70	Over 70	Unknown.	
1	3	3	31	49	39	2	128

The following represents the number of blind persons in the County engaged in remunerative occupations: Basket and Cane workers 7, Boot Repairer 1, Knitters 3, Mat Maker 2, Musicians, Music Teachers and Piano Tuners 2, Poultry Farmer 1, Shop Keeper 1, Woodworker 1, and Miscellaneous 3.

The registered Home Workers are under the care of the Norwich Institution for the Blind. Seven persons have been dealt with under this scheme, though one has now been transferred to another County. One case is being maintained and employed in the Norwich Institution for the Blind.

Population, Death Rate, Birth Rate, and Deaths classified according to Diseases.

DISTRICT.	Population as estimated by R.G. for 1932.	Birth Rate,	Death Rate,	Measles.	Scarlet Fever.	Typhoid and Paratyphoid.	Encephalitis Lethargica.	Whooping Cough.	Cerebro-Spinal Fever.	Diphtheria.	Influenza.	Tuberculosis of the Respiratory System	Other Tubercular Diseases.	Syphilis.	General Paralysis of the Insane (Tabes Dorsalis)	Diabetes.	Cancer, Malignant Disease.	Cerebral Hæmorrhage, etc.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia (all forms).	Other Diseases of Respiratory Organs.	Diarrhoea, etc. (under 2 years).	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver, etc.	Other Digestive Diseases.	Nephritis Acute & Chronic).	Puerperal Sepsis.	Other accidents and diseases of Preg- nancy & Parturition	Congenital Debility, Malformation, inelg. Premature Birth.	Peptic Ulcer.	Violent Deaths, other than Suicide.	Senility.	Suicide.	Other Defined Diseases.	Diseases ill-defined or unknown.				
<i>Boroughs and Urban—</i>																																											
Bury St. Edmund's	*16840	12·8	10·9								5	11	2			3	24	3	55	1	14	7	6		1		1	4	5	7	1		6		4	2		20	1				
Glemsford	...	1256	7·8	15·1													4	1	3		2	3	1						1				4		1		2		1		1		
Hadleigh	...	2925	18·8	19·1												1	6	3	20		6	1	1							1			4				9		1		1		
Haverhill	...	3821	10·7	14·7								2	1				12	1	16	1	6	3	1				1	2		2			1		6	3		2		9		5	
Newmarket	...	9736	11·4	11·9	1					2	2	10	2		1	2	18	10	25		1	6				1		2		1	5			6	6		7	16	1	13	1		
Sudbury	...	6922	10·4	17·6							6	7				1	14	4	21		11	5	2	4			1	3	3				2			7							
Totals	...	41500	12·1	13·3	1					2	13	32	5		1	7	78	22	140	2	40	25	11	4	2	1	4	7	12	18	1		19		18	32	3	49	3				
<i>Rural—</i>																																											
Brandon	...	5592	18·1	12·7						1	3	3				1	7	5	15		4	2		1					1	1	2			3		2	13		7			2	
Clare	...	6942	10·7	13·1							5	2	2			1	16	2	21	2	12	1	3				1		1	4	4			4				1		1		8	
Cosford	...	9463	14·3	14·3	1			1			2	5				1	8	9	38		2	17	6				1		1	3	6			6		4	13	2	9			2	
Melford	...	11330	13·1	12·9				1			6	6	3			1	25	11	35		7	8	2	3				1	3	4	4			3		2	6	8		10		2	
Mildenhall	...	7793	12·7	13·4	1			1	1		7	2				2	16	9	23		7	11			1	1		1	2	4	4			4		1	6		1		4		
Moulton	...	1944	9·8	13·3								1					1		9			1				1	1			1	2			1		2	1		1		1		
Thedwastre	...	7926	14·04	13·8							4	9	3	1		3	13	5	27		10	4	5					3	1	1	5			3		1	2	2		7			
Thingoe	...	12850	16·6	12·1			1	1			3	7	2			7	27	17	37		10	4	6	2						4	7			5		2	1		3		10		
Totals	...	63840	14·1	13·2	1	1		4	1	1	30	35	11	1	16	113	58	205	2	52	48	24	8	1	4	4	6	19	34			29		5	18	47	4	56	2				
Grand Totals	105340	13·3	13·2	1	2		1	4	1	3	43	67	16	1	1	23	191	80	345	4	92	73	35	12	3	5	8	13	31	52	1		48		5	36	79	7	105	5			

